

UI-504.1
(R-03/95)

**MISSISSIPPI DEPARTMENT OF EMPLOYMENT SECURITY
NEW HIRE CARD**

TO EMPLOYER: To assist in reducing claimant fraud and overpayments, please complete this card and return the same date of a new hire, rehire or a job refusal.

**Employer
Name** _____

Address: _____

Phone Number: _____

If more cards are needed,
Please check here. _____

Date _____

Signature: (Company Representative) _____

**1. Employee
Name** _____

SSA No: _____

Date To Begin Work _____

Date Refused Job _____

**2. Employee
Name** _____

SSA No.: _____

Date to Begin Work _____

Date Refused Job _____